LEPC Connections
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Hospital Preparedness for Domestic Terrorism

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In recent years, domestic terrorism has been a hot item in the news media, trade journals and seminars. Movies such as "Peacemaker," "The Jackal" and "The Siege" present the Hollywood version of terrorism and the emergency response all neatly packaged into a couple of hours. However, the real world response is not as clear.

The federal government has appropriated billions of dollars and established numerous initiatives to evaluate and respond to this threat. The Federal Emergency Management Agency, Department of Defense and Department of Justice have conducted stakeholders' meetings and workshops to get the input of subject matter experts and those who will respond to these events.

As a result, the National Domestic Preparedness Office was recently established within the Department of Justice to coordinate weapons of mass destruction terrorism response initiatives.

As part of these initiatives, a consensus developed that the United States health care system is not prepared to deal with the enormous numbers of contaminated or infected patients that are possible in these events. This concern is already filtering down to the state level.

In 1999, the Virginia General Assembly adopted a joint resolution that requires the Virginia Department of Emergency Services and Health Department to conduct a study of the state of readiness of Virginia hospitals to respond to weapons of mass destruction emergencies.

Issues of mass inoculations, stockpiling of antidotes, mass quarantines and facility preparations have not yet been completely resolved. Several federal agencies have developed hospital training programs, but distribution has been limited and the scope of the classes may not meet the needs of the average community hospital.

Federal resources are being developed to respond to major incidents. Crisis response teams, mobile medical strike teams, mobile hospitals and military decontamination teams have been or are being created to augment local and state emergency services providers. In reality, however, these specialized federal resources wouldn't reach the event for

hours or perhaps days.

It is not a question of if, but when and where the next event will occur. Will it be a conventional bombing or chemical or biological weapons? Even with this threat, the probability is that most hospitals and health-care workers are unlikely to experience one of these events. Those unfortunate few who do can expect to bear the brunt of the event. The hospital and health-care community will need to be prepared to maintain security and receive the large influx of patients. What should hospitals do to achieve these ends?

First, it is unlikely that most hospitals will build 10-foot-high fences around their facilities, install vehicle barricades at entrance driveways or install chemical/biological air monitoring and filtration systems in their ventilation systems. However, these practical steps can be taken to improve protection from terrorist events:

1. Conduct a risk assessment to determine the target potential of the facility. Is the facility perceived as an abortion center? Does it conduct animal testing? Is it subject to admission of high-profile patients? Have local law enforcement officials identified any potential risk groups or cults in the area?
2. Establish an appropriate security management program based on the risk potential. Limiting the potential of unauthorized entry and identification and expulsion of suspicious individuals hardens the facility against terrorism and is a practical aspect of daily operations.
3. Develop security emergency procedures that provide rapid lockdown of the facility when notified of an event. This is critical due to the potential number of contaminated patients that might bypass the EMS system in a chemical or biological exposure situation. Controlling access will prevent contamination of the facility, which could render it unusable. Work with local police departments to get assistance in controlling access to the facility. However, remember that their

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Contingency Planning Airline/Airport Hazmats: 14 CFR 139 Airports Certification and Operations

By William D. Martin
Hazardous Materials Response Team Coordinator

Airports in the United States are categorized according to the type of aircraft which frequent the airport and the number of daily aircraft operations. The criteria for determining the "index" of an airport in the U.S. is established by the Federal Aviation Administration. The index of an airport determines the type and amount of fire protection it must have available.

The criteria used to determine the index of an airport are found in Section 139.315 and are as follows:

- Index A includes aircraft less than 90 feet in length.
- Index B includes aircraft at least 90 feet in length but less than 126 feet in length.
- Index C includes aircraft at least 126 feet in length but less than 159 feet in length.
- Index D includes aircraft at least 159 feet in length but less than 200 feet in length.
- Index E includes aircraft at least 200 feet in length.

If there are five or more average daily departures of air carrier aircraft in a single index group serving that airport, the longest index group with an average of five or more daily departures is the index required for the airport.

The Commonwealth of Virginia has nine active indexed airports. The following is a list of those airports:

- Index A Lynchburg, Newport News/Williamsburg, Charlottesville, Shenandoah Valley
- Index B Roanoke Regional
- Index C Richmond International, Norfolk International, Reagan National
- Index D None
- Index E Washington Dulles International

Section 139.137 specifies the minimum of Aircraft Rescue Firefighting (ARFF) vehicles and extinguishing agents an index airport must have available on the airport according to its category. The regulations do not specify how you staff the ARFF vehicles but stipulates that the first required vehicle must be able to arrive at the midpoint of the airport's furthest runway within three minutes of the emergency notification and all other vehicles, if required, within four minutes.

Some airports, mostly Index "A" and "B," staff their vehicles with various airport employees (fuelers, mechanics, etc.), while the larger/busier airports have career firefighters staff the ARFF vehicles. The regulations do not specify the number of personnel who should respond on the ARFF vehicles, nor do they address other fire protection needs of the airport.

Index A: One vehicle carrying at least 500 pounds sodium base dry chemical or halon 1211
OR
450 pounds sodium base dry chemical and water with a quantity of AFFF to total 100 gallons.

Index B: One vehicle carrying at least 500 pounds sodium base dry chemical or halon 1211 ***AND*** 1,500 gallons water with a quantity of AFFF for foam production
OR
Two vehicles, one carrying the quantity from Index A, ***AND*** total water and foam carried by both vehicles equals 1,500 gallons.

Index C: Three vehicles. One vehicle carrying at least 500 pounds sodium base dry chemical or halon 1211
OR
450 pounds sodium base dry chemical and water with a quantity of AFFF to total 100 gallons
AND
Two vehicles carrying an amount of water for foam production of at least 3,000 gallons.

Index D: Three vehicles. One vehicle carrying at least 500 pounds sodium base dry chemical or halon 1211
OR
450 pounds sodium base dry chemical and water with a quantity of AFFF to total 100 gallons
AND
Two vehicles carrying an amount of water for foam production of at least 4,000 gallons.

Index E: Three vehicles. One vehicle carrying at least 500 pounds sodium base dry chemical or halon 1211
OR
450 pounds sodium base dry chemical and water with a quantity of AFFF to total 100 gallons
AND
Two vehicles carrying an amount of water for foam production of at least 6,000 gallons.

Section 139.321: Handling and Storing of Hazardous Substances and Materials

Each certificate holder acting as a cargo handling agent shall establish and maintain procedures for the protection of persons and property on the airport during handling and storing of any material regulated by the Hazardous Materials Regulations (49 CFR, Part 171) that is, or is intended to be, transported by air.

Each certificate holder shall establish and maintain standards acceptable to the administrator for protecting against fire and explosions in storing, dispensing and otherwise handling fuel, lubricants and oxygen (other than articles and materials that are, or are intended to be , aircraft cargo) on the airport. These standards shall cover facilities, procedures and personnel training and shall address at least

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Rockbridge Conducts Mock Disaster Exercise

By Bob Weikel
Deputy Coordinator, Emergency Services
Rockbridge County

When a passenger train derailed in Rockbridge County on October 17, emergency responders proved their training was right on track.

In this mock disaster exercise, the county enlisted the aid of three rail transport companies to provide fire and rescue personnel a realistic picture of potential outcomes should this type of tragedy strike the county's existing passenger rail routes.

Representatives from local law enforcement, fire, rescue, emergency management, hospital and the railroad were involved in planning the exercise. In fact, CSX Transportation, Norfolk and Southern Railroad and Amtrak gave us access to both equipment and railroad employees including the trainmaster, railroad police and hazardous materials manager to give this scenario a real world feel.

Organizing instructors, transportation, food, shelter and other exercise components proved to be an undertaking in itself. A simulated train was assembled using an engine, boxcar, passenger car, tanker and caboose. Local high school and college students joined other citizens to volunteer as victims.

Fire companies worked well with various other county departments as well as with life-saving crews. In addition to caring for the victims the responders also faced another problem. Since the majority of all rail traffic has some type of hazardous material, it is only natural that our exercise involved a dangerous substance as well. The first units on the scene properly controlled 3,000 gallons of diesel spilled from the saddle tanks of the CSX engine with little or no incident. The HAZMAT danger resurfaced when rescuers were looking for victims. While everyone was concentrating on the tanker to locate its hazardous material, they paid little attention to the boxcar bearing a poison placard.

The boxcar, empty at the time of the derailment, was contaminated with the simulated residue of a pesticide. Two victims were found in the boxcar, each covered by a powdery substance. Fire department personnel noticed the substance and waited for an identification from emergency services before entering and decontaminating the victims.

Another rescuer was not so lucky. By entering prior to the identification of the material, the rescuer became a victim as well. Once the poison was identified, rescuers' turn-out gear and SCBA were determined to be sufficient in removing the victims. A decontamination was performed and the victims were transported.

Following the completion of the exercise, the participants gathered for a critique. With some minor exceptions, everything went as planned and valuable lessons shared. We came to the conclusion proper incident management is the key to a successful emergency response in a large-scale event.

Incorporating incident management into our training sessions can help with that problem. Lessons learned from this exercise will strengthen our future planning. Though we hope that this training will never have to be used, we would like to do our part…by being prepared.❖

LEPC Forum Rescheduled

A LEPC Forum will be held Wednesday, January 19, 2000, 9 a.m.-noon in the VDES Training Room, 10501 Trade Court, Richmond, Va. Our goal is to strengthen the LEPC organization in Virginia and develop a stronger dialogue between LEPCs regionally and statewide.

We want your input on the HAZMAT database, the Regional LEPC Council proposal, HAZMAT plans, all-hazard LEPCs, and other related topics. If you would like to schedule a forum in your region, please contact us. If you can't attend, please send your comments to: groarty.des@state.va.us.❖

The Importance of LEPCs in the Planning Process

By George Roarty
Virginia Department of Emergency Services

The Local Emergency Planning Committee was established under SARA Title III to engage key government representatives, citizens, community groups and industry in the process of preparing for and managing chemical emergencies.
The law stipulates that the committee be broadly representative of the community to include elected state and local officials; law enforcement officials; firefighters; civil defense workers, first aid, health, hospital, environmental and transportation workers; community groups; news media; and owners and operators of industrial plants.

Although the LEPC was established for chemical emergencies, this organizational framework can support all-hazard preparedness, response and recovery initiatives. Chemical emergencies can be precipitated by natural events as was seen in Hurricane Floyd.

The LEPC organization can provide local emergency management coordinators with the necessary support to develop functional and effective plans. Unfortunately, in some cases, an actual disaster is the first time that support staff is exposed to their emergency role and responsibilities. Although they may muddle through these events satisfactorily, on-the-job orientation and training on disaster duties, coupled with a plan that may not be current, translates into a cost that is borne by the community in terms of the efficiency of response and recovery operations. The economic cost alone is greater than any cost associated with organizing and maintaining an LEPC.

We need to ensure that all local critical departments/agencies are engaged in the emergency management preparedness process. They must understand their roles and responsibilities and be able to perform them. The LEPC should be the basis of every local emergency management program in Virginia as it provides a forum to engage all the critical stakeholders within a community in ensuring an effective response to any disaster.❖

Hospital *(continued from page 1)*

personnel may be committed elsewhere due to the situation. Make sure these security measures are incorporated into the overall emergency operations plan.

Secondly, the range of potential scenarios and the magnitude of the effect of terrorist activities dictate that the hospital have an effective and broad-based emergency preparedness program that interfaces with the community. This has been a basic requirement of hospitals for years, but the consequences of terrorist actions emphasize this need. Terrorist attacks may take the form of nuclear, chemical or biological exposures; arson; explosives; and direct attacks on persons/destruction of basic infrastructure.

There are a number of special considerations to address when planning for terrorism. For the most part, however, this planning involves reevaluating the way many of us develop our overall emergency preparedness program. We must conduct a comprehensive review of our capabilities and strive to meet the magnitude of these events.

Do we have back-up systems that can operate on an extended basis? Can we secure the facility? Can we handle the potential patient load? Do we have plans to distribute the patient load to other facilities? Can we obtain the specialized medical equipment that may be needed and, most of all, have we developed plans with the local emergency services providers to prevent the relocation of the emergency to the hospital?

To accomplish this, it may be time for hospitals to adopt the more systematic approach to emergency preparedness reflected in the Integrated Emergency Management System concept. This system provides a structured format for hazard analysis, mitigation, preparedness, response and recovery activities.

We should also consider incorporating a health care model Incident Command System into our emergency operations plan. This provides more control and flexibility for response to large-scale emergency events of any nature. Its focus is based on performing operational functions and not trying to plan for specific events.

Additionally, we should work with local emergency preparedness committees to enhance the hazardous material response capabilities of the community and hospital. If an effective plan is developed for an industrial hazardous materials incident, there are only a few specific considerations that must be addressed for weapons of mass destruction incidents.

In summary, specific steps may be needed for response to terrorism, but they are based on a strong all hazards emergency preparedness program.

About the author: *Steve Ennis is the program administrator, life safety specialist for The Reciprocal Group. He has twenty years of experience in the health care safety and security field. Mr. Ennis has been an invited participant in numerous Federal terrorism initiative stakeholders' meetings and is a member of the Virginia Office of Emergency Medical Services Disaster Committee.*✦

Contingency *(continued from page 2)*

the following:

- Grounding and bonding
- Public protection
- Control and access to storage areas
- Fire safety in fuel farm and storage areas
- Fire safety in mobile fuelers, fueling pits and fueling cabinets
- Training of fueling personnel in fire safety
- The fire codes of the public body having jurisdiction over the airport

Each certificate holder shall inspect the physical facilities of each airport tenant fueling agent at least once every three months and maintain that record for at least twelve months.

Planning:

There are many airports throughout the state that are not indexed but have a high volume of air traffic. Just because you may not have an indexed airport in your area, don't think you are off the hook. Should a large commercial aircraft need to make an emergency landing which is time critical, they will look to land on the first available runway. That could mean any airport in the state, whether fire protection is located on site or not.

Further information is available at www.faa.gov/avr/afs/fars/far-139.tx. Once you are in the site, click on Landings and Regulations, then FAR Part 139. Part 139 Certification and Operations: Land Airports Serving Certain Air Carriers is a 25-page document and will help clarify how airports are rated.✦

LEPC Connections
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This newsletter is a vehicle to help LEPCs exchange information and keep abreast of state and federal initiatives.

Tell us what you are doing. We will publish stories, initiatives, projects, studies, or issues that will be of interest to LEPCs and the Virginia hazardous materials response community.

Please submit your comments or recommendations to George Roarty by:
fax: (804) 897-6576 or
email: groarty.des@state.va.us